

**EDISON BUILDING USAGE/ACTIVITY
MASTER CALENDAR REQUEST**

Complete the following form and return it to room 2 at least two weeks prior to event/activity. If form is not complete, it will be returned to the applicant. After approval/non-approval, a copy of the form will be returned to the applicant. **Please initial here that you have checked the master calendar for availability of the facility. NO other events or rehearsals are scheduled during the time you are requesting.** _____

1. Organization and teacher/employee requesting building usage.

2. Type/purpose of activity/event

_____ meeting _____ assembly _____ rehearsal _____ other (please specify)

3. Title of event _____

4. Description of event (be specific)

5. Dates requested _____ to _____

6. Time of event _____ to _____

7. Time before and after needed for set-up / clean-up _____ to _____

8. Areas/room number requested _____

9. Custodial services requested (check all that apply):

_____ front doors unlocked at _____ am/pm

_____ bathrooms needed

_____ lighting (where?)

_____ table

_____ chairs

10. Technical services requested (check all that apply):

____ microphone (s)

____ screen

____ laptop

____ projector

____ podium – (please circle) stage right stage left center stage

____ orchestra pit

____ stage – (please circle) entire in front of screen only

____ music or other sound effects

____ lighting - please indicate where you need lighting and if there will be lighting changes during event, including use of house lights. (Please remember that our house lights need 15 minutes to warm up after they have been turned off to be turned back on. We do not currently have a follow spot.)

11. Approximate number of people in attendance _____

Signature of person requesting approval _____

Contact information of person requesting approval. THIS MUST BE COMPLETED FOR APPROVAL.

Phone (If giving the school number, be sure to give extension):

Address:

E-mail address:

RETURN TO MRS. GRIFFIN IN ROOM 2 AT TWO WEEKS PRIOR TO EVENT
